



# Application for Duplicate Certificate of Title

Fee – \$10

Office Use Only

Make checks payable to "State of Montana"

1003 Buckskin Drive, Deer Lodge, MT 59722 -2375 • Phone (406) 846-6000 Fax (406) 846-6039 • [mvdtitleinfo@mt.gov](mailto:mvdtitleinfo@mt.gov)

For purposes of this application, "vehicle" includes all passenger cars, trucks, motor homes, trailers, campers, off-highway vehicles, motorcycles, boats, personal watercraft and snowmobiles.

No change in ownership may be accomplished when applying for a duplicate title.  
If your last name has changed, attach a Statement of Fact explaining  
the reason for the change.

I certify that Certificate of Title Number \_\_\_\_\_ is lost,  
mutilated or illegible and request that a duplicate be issued and sent to me at the address shown  
below.

**NOTE:** "Lost" does not mean that your title is being held by a third party.

Year: \_\_\_\_\_ Make/Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Identification Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Year Expired: \_\_\_\_\_ Boat Number: MT \_\_\_\_\_

I certify under penalty of law (Section 45-7-203, MCA, Unsworn Falsification to Authorities) that:

- the statements made on this form are true and correct to the best of my knowledge,  
information and belief,
- I am the same person named on the face of the title, and
- if signing for a commercial entity, I have full authority to do so.

Registered Owner - please print: \_\_\_\_\_  
(only one owner's name is required)

Signature of Registered Owner: \_\_\_\_\_  
this is my legal signature (only one owner's signature is required)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

★ Be sure to sign this form and include payment before mailing it in. ★

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